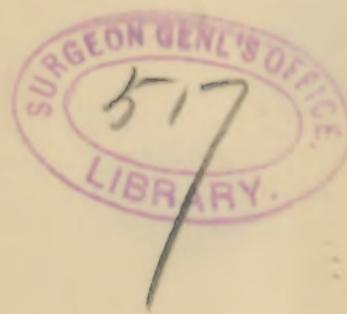
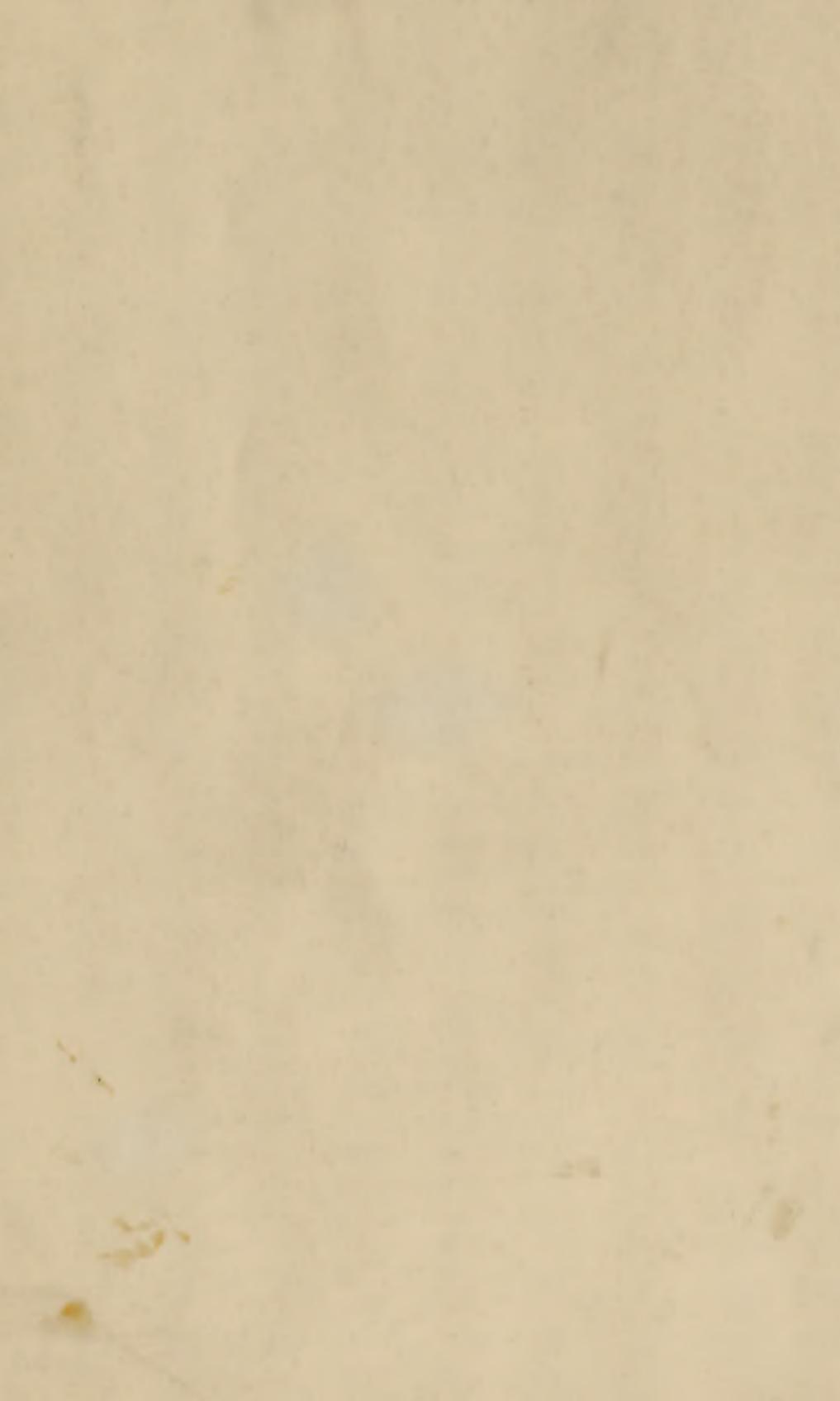
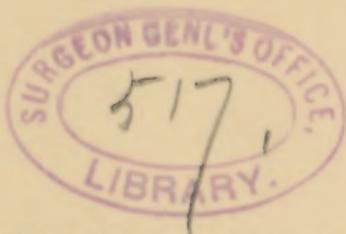


Veeder (M. & S.)

Three (3) unusual cases
of abscess







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THREE UNUSUAL CASES OF ABSCESS.

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I HAVE had three cases of abscess recently that are somewhat interesting. The first, which pointed just above the sternum and was buried deeply in the muscles of the neck, was very refractory to treatment, until it was found that its cause was inflammation in the pulp-cavity of a tooth near the angle of the jaw, the pus from which had found an outlet on the inside of the jaw-bone, and had worked its way down between the muscles of the neck until it came to the surface, as I have described. The patient had not suffered from toothache, and did not suspect that this was the source of the trouble, although when the tooth was pulled fluid could be made to pass through the sinus, and healing was very prompt thereafter.

In the next case the patient gave an account of having frozen his chin about three years previously, since which time it had been reddened, and at times would break open and discharge pus. He had never had any trouble with his teeth, which were even and regular, and apparently free from any trace whatever of caries. Nevertheless the probe entered a cavity in the bone at the tip of the chin in the direction of one of the lower incisors, which on inspection was found to present the peculiar opaque appearance which exists when the nerve is dead. He was taken to a dentist, and a hole was drilled into the side of the tooth, the center of which was found to be the seat of a cavity having its outlet below, and

through which a disinfecting fluid could be readily passed into the sinus opening at the tip of the chin. This cavity was thoroughly cleansed by the repeated application of hydrogen dioxid and of pure carbolic acid and drilling, whereupon the pus-discharge ceased, and the tooth which had been the cause of the trouble was saved.

Another case was of precisely similar character, except that the opening was on the side of the chin opposite the anterior bicuspid tooth. Although the patient had not had the slightest pain in his teeth, when it was suggested that this might be the trouble he went to a dentist and had the posterior bicuspid tooth pulled because it contained a filling and the other did not. This did not remedy the trouble, and some months afterward he sacrificed the other tooth, which resulted in immediate cure. The better plan would have been to have looked for symptoms of the death of the nerve of the tooth, and to have had an opening drilled into the pulp-cavity as previously described, which would have resulted, with proper filling, in remedying the trouble and likewise saving the tooth. It has seemed to me that this class of cases might very readily be overlooked, particularly in the earlier stages, because of the insignificance of the pain referable to the teeth.

